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ABSTRACT

This document describes an effort to change perceptions of social norms and examines the effect of this change on binge drinking and alcohol-related problems at Northern Illinois University (NIU). The first section of the report discusses the historical and theoretical basis for this approach to prevention. The next section describes a campus-based mass media campaign designed to change student perceptions of drinking norms implemented by NIU after the failure of a more traditional alcohol abuse prevention program. The document describes in detail the methods used for this program. Sample media messages are provided, along with a discussion of the effects of student focus groups and research on the cost effectiveness of mass media programs. The report also addresses applications of the approach to different campus settings, including commuter schools, schools without newspapers, and small-enrollment colleges. Suggestions for applying the model to women, athletes, fraternity and sorority members, and ethnic minorities are also offered. During the course of the campaign, NIU students reported reduced binge drinking for each of six years measured for this report, as well as fewer alcohol-related injuries to self and fewer injuries to others. Appendices include an annual budget for the program and copies of survey instruments. (Contains 19 references.) (MAB)

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GUIDE

A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities

HE 031 452

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The Higher Education Center for Alcohol and Other Drug Prevention

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A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities

By

Michael P. Haines

Northern Illinois University

a publication of

The Higher Education Center for Alcohol and Other Drug Prevention

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Contents

Preface 3

Executive Summary 4

The NIU Campaign 8

References 24

Appendixes

A. Core Instrument 25

B. Sample Questions from NIU Survey 28

C. Misperception Media Campaign Estimated Costs 32

PREFACE

SINCE 1993, THE U.S. DEPARTMENT of Education's Higher Education Center for Alcohol and Other Drug Prevention has offered a range of services and publications to support prevention efforts at colleges and universities across the country. The Center's activities and products reflect a comprehensive and integrated approach to prevention that is based on the use of multiple strategies designed to have a large-scale impact on the entire student body and the campus and community environment.

The Center's goal is to influence and change detrimental campus norms and myths and to prevent the negative consequences related to alcohol and other drug use. All Center activities are guided by an emphasis on proactive prevention, which aims to prevent problems before they arise by changing the campus environment and social climate to one of low tolerance for illegal alcohol and other drug use and abuse.

Center activities and publications stress building capacity across the spectrum of institutions of higher education to develop and maintain prevention efforts. The Center relies on research-based methods for its training, technical assistance, and publications.

This publication represents one piece in a comprehensive approach to prevention at institutions of higher education (IHEs). The concepts and approaches described should be viewed in the broader context of prevention theory and approaches affirmed by the U.S. Department of Education and implemented by The Center in its training, technical assistance, publications, and evaluation activities.

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EXECUTIVE SUMMARY

THIS PUBLICATION DESCRIBES an effort to change perceptions of social norms and the effect of this change on binge drinking and alcohol-related problems at Northern Illinois University (NIU).

The first section discusses the historical and theoretical basis for this approach to prevention. The NIU approach is based on research demonstrating that, at many colleges and universities, there is a significant disparity between student estimates of binge drinking by students and actual binge drinking behavior. After implementation of a more traditional alcohol abuse prevention effort failed to change drinking behavior, NIU implemented a campus-based mass media campaign to change student perceptions of drinking norms. During the course of the campaign, NIU students have reported reduced binge drinking for each of the last six years, with an overall 35 percent reduction. They have also reported 31 percent fewer alcohol-related injuries to self and 54 percent fewer alcohol-related injuries to others.

The publication then describes the methods used to implement the NIU program. The program relies heavily on mass media, especially the campus newspaper. Examples of media messages are provided, student focus group results are discussed, and research is presented suggesting that using mass media is the most cost-effective method of reaching students on large campuses.

The third section addresses applications of the approach in different campus settings, including commuter schools, schools without newspapers, and small enrollment colleges. Suggestions for applying the social norms model to women, athletes, fraternity and sorority members, and ethnic minorities are offered. Also noted are types of campuses where the model would be ineffective or too costly.

Included in the Appendixes are an annual budget and copies of survey instruments.

Background

Drinking practices of college students have been a concern almost since the first colleges were founded in the United States. A local sheriff still leads Harvard University's graduation procession, a tradition that began in Colonial days to control drunk and rowdy celebrants (Wechsler et al., 1995). The Drug-Free Schools and Campuses Act of 1986, as well as funding for alcohol and other drug prevention in higher education through the U.S. Department of Education's Fund for the Improvement of Postsecondary Education (FIPSE), brought the War on Drugs to every dormitory, fraternity house, and tailgate party.

Campus needs assessments, national studies, and police reports provided overwhelming evidence that the drug of choice and the one

most often associated with problems for college students is alcohol. Heavier use of alcohol is consistently and significantly correlated with negative consequences (Perkins & Berkowitz, 1986; Hanson & Engs, 1992; Presley et al., 1995; Wechsler et al., 1994).

Both the Monitoring the Future Study (Johnston et al., 1992), conducted annually with funding from the National Institute on Drug Abuse (NIDA), and the Harvard College Survey (Wechsler et al., 1994) have found that drinking in general and binge drinking (defined as having more than five drinks at one sitting) by college students continue at high levels, posing substantial health and safety risks.

In 1988, NIU received a FIPSE grant to fund an expansion of its alcohol abuse prevention efforts and to implement a social influence campaign to reduce binge drinking. Conducted through the Health Enhancement Services Office of the University Health Service, the project's objectives were specific and measurable: to reduce alcohol-related morbidity among NIU's 23,000 students.

Health Enhancement Services began surveying NIU students about alcohol use and other health-related practices in the spring of 1988. An instrument was developed to gather this information (see Appendix B) at the end of the academic year. In a deliberate but nonrandom way, the survey is distributed by a graduate assistant in classes where an instructor has provided time.

Classes are selected to represent the array of student majors and grade levels. This convenience sampling of large general education classes was done to ensure broad representation and high return rates. Classes are informed that participation in the survey is optional, responses are anonymous, and results will be used to determine the most effective way to spend student fees to reduce harm to students on this campus. The return rate averaged 90 percent, and the results are highly representative of the student body.

Because the survey is optional and anonymous, it is exempt from NIU's human subjects research requirements. Students respond on scanable forms, and data is analyzed by Health Service prevention staff, who are familiar with the social influence model and focus the summary of the data on positive and protective social norms.

The 1988 survey (n = 644) showed an NIU binge drinking rate of 43 percent. Almost 30 percent of the students reported physical harm to self and 16 percent reported physical harm to others during that school year as a consequence of drinking. These data served as a baseline against which the project's impact would be assessed.

During the 1988–1989 academic year, NIU significantly increased its prevention efforts. Activities included educational programs, National Collegiate Alcohol Awareness Week, an active College Students Against Drunk Driving (CSADD) chapter, and the distribution of flyers and posters. Message and content of these efforts were similar and incorporated the following themes:

- support for abstinence, such as "It's O.K. not to drink. Don't force drinks on others . . ."
- responsible drinking, such as "Eat before drinking, alternate non-alcoholic drinks with alcoholic drinks . . ."
- association of binge drinking with negative consequences, such as "Heavy drinkers are arrested more frequently, get into fights, harm themselves and others . . ."

At the end of the 1988–1989 academic year, students were again surveyed (n = 779). Despite increased prevention efforts, as illustrated in Figure 1 binge drinking rates and alcohol-related injury rates were statistically unchanged.

This disappointing outcome prompted a rethinking of the campus alcohol and other drug (AOD) prevention project. Health Enhancement Services staff investigated further the research on misperception of drinking norms reported in 1986 by Wesley Perkins, PhD, and Alan Berkowitz, PhD, from Hobart and William Smith Colleges in Geneva, New York. They found that there was a significant discrepancy between actual alcohol use by college students and their perception of other students' alcohol use. Other campuses that investigated student perceptions found the same disparity between actual drinking norms and perceived drinking norms. On every campus, regardless of drinker type or level of use, the drinker thought the campus drinking norm was greater than his or her own personal use (Perkins and Berkowitz 1987). Figure 2 shows these discrepancies.

FIG. 1
Impact of Traditional Intervention on Binge Drinking

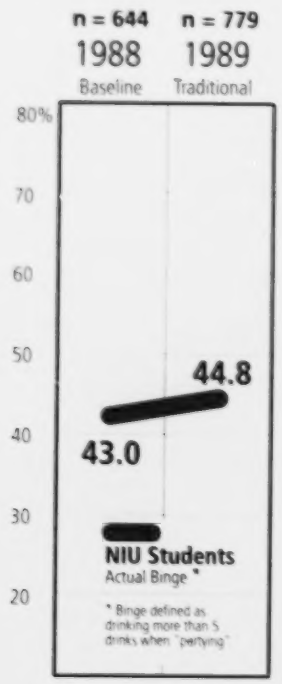
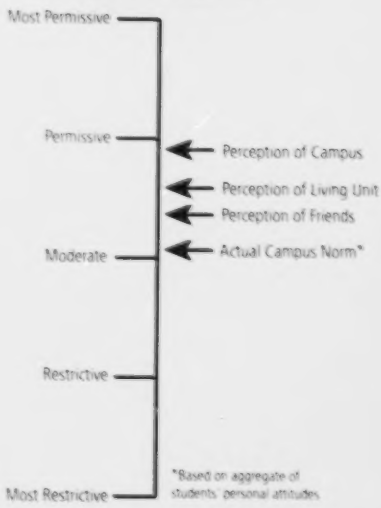


FIG. 2
Actual and Perceived Norms of Alcohol Use among Undergraduates on a Residential College Campus



from: Berkowitz AD. and Perkins HW, "Changing Student Misperceptions of Drug Use Norms: Educational Program and Clinical Strategies," The Fifth Drug Prevention Programs in Higher Education Conference, Sept. 19-22, 1987, Washington D.C.

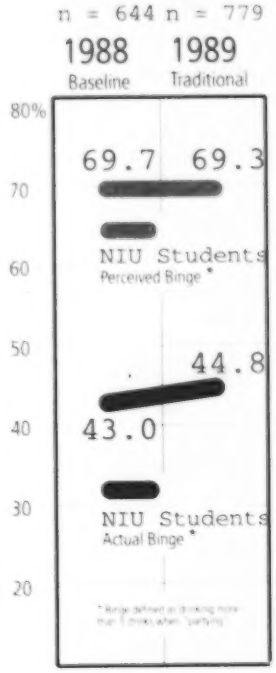
This misperception of drinking norms occurred at NIU also. As shown in Figure 3, students surveyed during the previous two academic years reported personal binge drinking rates of 43 percent in 1988 and 45 percent in 1989. When asked how much they thought most NIU students drank, they perceived binge rates to be 70 percent and 69 percent, respectively. Thus, fewer than half the students were binge drinkers but they thought more than two of every three students on campus were binge drinkers.

Perkins and Berkowitz suggested that this "reign of error" had a powerful negative influence on student drinking behavior (Perkins, 1991). If college students think "everyone is doing it," then binge drinking rates rise due to influence from "imaginary peers" (Berkowitz, 1991). These theories were supported by research showing that the perceptions of drinking norms by college students, whether accurate or misperceived, had a strong and predictive influence on student drinking behavior (Graham et al., 1991; Prentice & Miller, 1993).

The overestimation of student binge drinking is a self-fulfilling prophecy. The more students believe binge drinking is occurring, the more binge drinking occurs (Perkins, 1996). Furthermore, experiments conducted by Hansen and Graham (1991) demonstrated that reducing perceptions of alcohol, tobacco, and other drug use (ATOD) was an effective strategy for reducing actual ATOD use among adolescents.

This research suggested that if the misperception of the binge drinking norm were corrected, the actual binge drinking rate would decline. NIU incorporated these research findings in its prevention objectives for the next academic year, aiming to reduce student binge drinking measurably by reducing the perception of binge drinking on campus among its 23,000 students.

FIG. 3
Comparison of Traditional Intervention and Impact on Perceived and Actual Binge Drinking

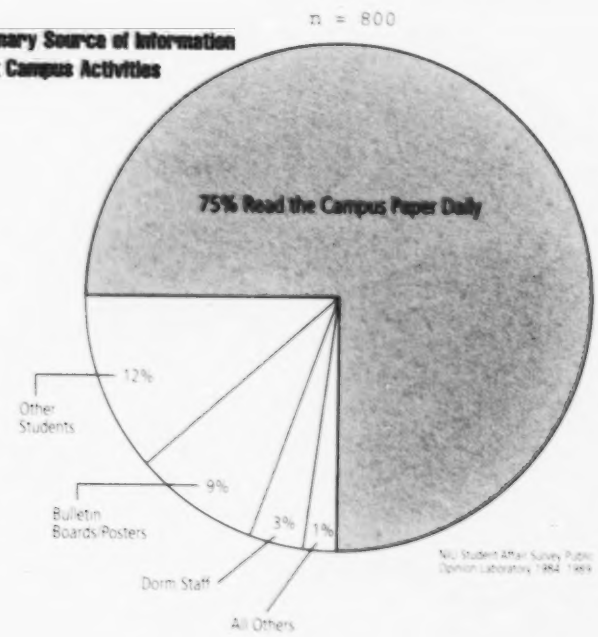


THE NIU CAMPAIGN

THE NIU CAMPAIGN TARGETED students who drank alcohol. When the effort began, drinkers composed 90 percent of the campus population. Consequently, any effort to reach drinkers was virtually synonymous with reaching all students. However, Health Enhancement Services had the equivalent of one full-time staff person to accomplish the objective. The sheer size of the task seemed to preclude reliance on face-to-face approaches (speeches, residence hall programs, peer educators) to get the message across. These limitations suggested a need to develop a campaign based on mass media.

A survey conducted by the Division of Student Affairs (n = 800) asked students to rate their primary sources of information about campus activities. As shown in Figure 4, the campus newspaper was the overwhelming first choice of the students as the primary source of information, with 75 percent of the student body reading the paper every day. Other studies at NIU and other campuses have found that print media are a frequent student source of AOD and other health information.

FIG. 4
Students' Primary Source of Information About Campus Activities

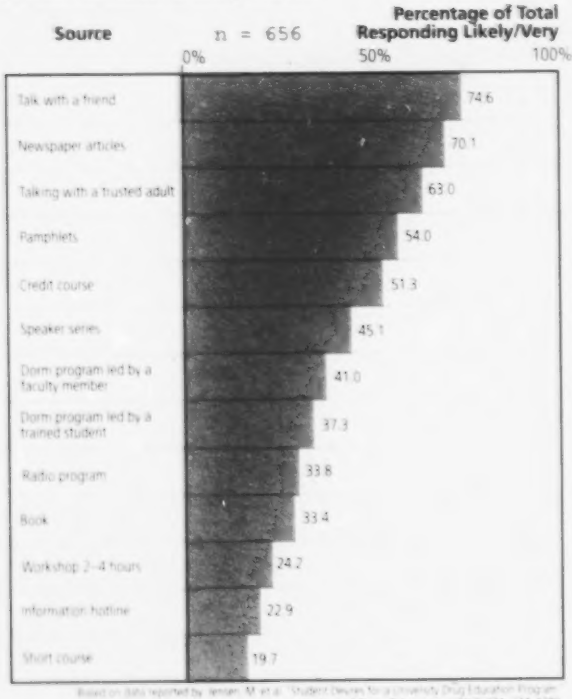


A campus newspaper market research study identified the day of the week that had the greatest readership and the section of the paper that was most widely read. A Student Affairs survey also showed that the more expensive electronic media (TV and radio) had many different markets well beyond students and the NIU campus. No one radio station held more than a 15 percent share of the student market.

Because a print media campaign would have the broadest reach and was the least expensive approach, it was selected as the most cost-effective method of communicating the following message to the student body: Most NIU students (55 percent) drink five or fewer drinks when they party. The same message was repeated creatively in both display and classified newspaper advertisements, a newspaper column, press releases, flyers, and posters.

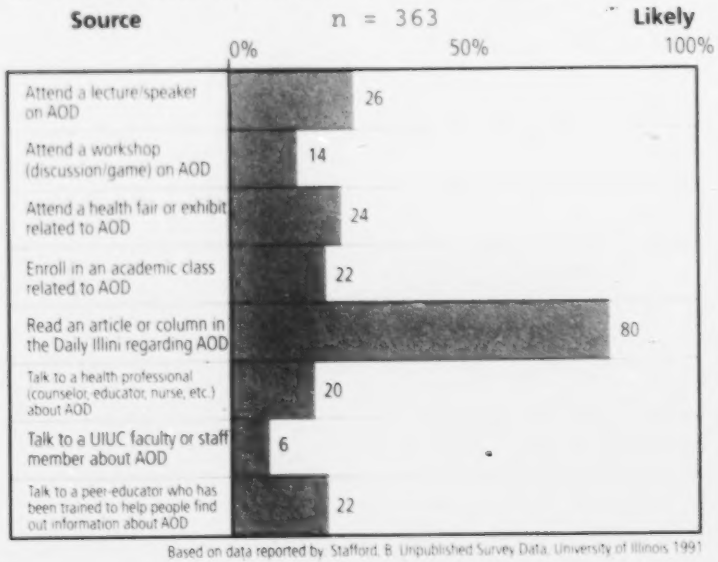
Whenever Health Enhancement Services staff members had the opportunity to speak in a classroom,

FIG. 5
Student Desires for Drug Education
Student Likelihood of Using Sources



Based on data reported by Jensen, M. et al. "Student Desires for a University Drug Education Program." Journal of Drug Education, V 19(3) 231–244, 1989.

FIG. 6
Using Media to Change Student Norms
Which Methods Would You Most Likely Use to Get AOD Information?


Source
n = 363
Likely
0%
50%
100%
Attend a lecture/speaker on AOD
26
Attend a workshop (discussion/game) on AOD
14
Attend a health fair or exhibit related to AOD
24
Enroll in an academic class related to AOD
22
Read an article or column in the Daily Illini regarding AOD
80
Talk to a health professional (counselor, educator, nurse, etc.) about AOD
20
Talk to a UIUC faculty or staff member about AOD
6
Talk to a peer-educator who has been trained to help people find out information about AOD
22

Based on data reported by: Stafford, B. Unpublished Survey Data. University of Illinois 1991

residence hall, or sorority house, regardless of the program content, they conveyed the correct drinking norm message.

Student Incentives to Pay Attention

During the first year of the NIU campaign, it became apparent that perceptions would not change unless students read and remembered the moderation message contained in the various media. To gain attention to campaign messages, the project started rewarding students who got and spread those messages.

Two student workers were hired to be the Money Brothers. They dressed in trench coats and wore "shades" and fedoras like the John Belushi and Dan Akroyd characters in *The Blues Brothers* movie.

The Money Brothers approached groups of students in the cafeterias and with a flourish asked "Who knows how many drinks most NIU students drink when they party?" The first student with the correct answer was handed a dollar and the rest were given flyers with the message "Most NIU students drink five or fewer drinks when they party!" If no one knew the correct answer, they all got a flyer and were told what they could have received had they known the answer. The Money Brothers performed their act for two weeks during the fall semester and

two weeks during the spring semester. The cost was $100 in prize money and student wages for each semester, which was less than the cost of two large display advertisements in the campus paper.

To gain the attention of NIU's 7,000 residential students, Health Enhancement Services asked the Housing Office to include campaign material in its Get Acquainted Packet. Distributed during the first week of classes, the packet contained flyers, brochures, and information on a variety of campus events, services, and policies, as well as special offers from a variety of NIU departments and others.

While this seemed like an ideal vehicle to reach students with printed information about positive drinking norms, two major problems were considered: getting students to notice this information among all the others in the packet and getting students to keep and read the information beyond the first week of school.

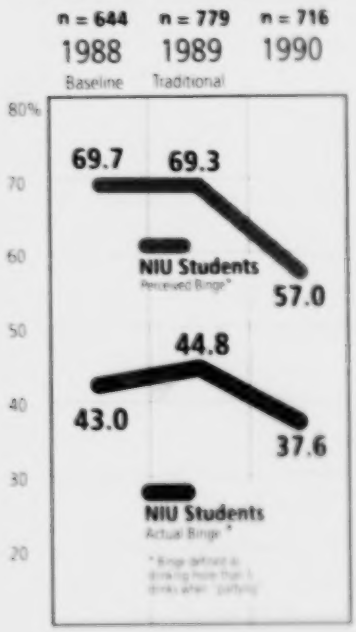
To get noticed, the project developed a poster containing the positive alcohol norms among other health information about safer sex, dating safety, and nutrition. It was the only poster in the packet and was eye-catching, with colorful graphics, photos of students, useful phone numbers, and other interesting information.

To get posters up on walls and keep them there for a while, students were offered an incentive printed on the bottom of each poster: "We will pay you $5 if this poster is on your wall when our student rep knocks on your door. Offer valid during 93'–94' school year."

Student office workers were used to find students with a campaign poster on their wall. Winners were handed a letter of congratulations that instructed them to present their letter at Health Enhancement Services during office hours to collect $5. When they showed up, they had their picture taken and were given their money. The picture was then mounted and posted in the lobby of winning students' residence halls.

There were 40 winners, at least one from every residence hall on campus; $200 was awarded in all; and posting of the Survey Says Poster increased. The percentage of students with a campaign poster on their wall was determined by student workers who asked every fifth person in the residence lobby if he or she had it posted. Three weeks after initial distribution, 24 percent had posted Survey Says. Following the $5 awards and follow-up photos of the campaign, the rate was 35 percent.

FIG. 7
Comparison of Traditional Intervention and Media Intervention and Impact on Perceived and Actual Binge Drinking



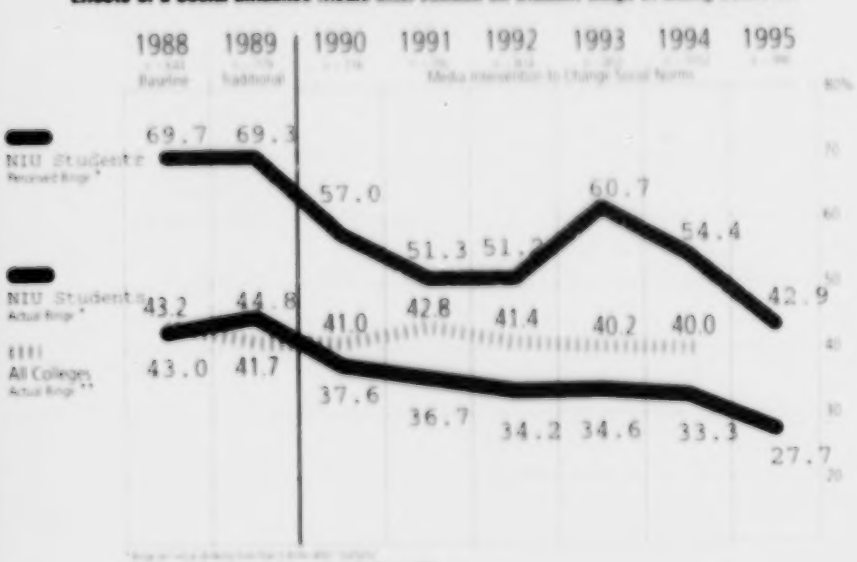
Campaign Impact

At the end of the 1990 academic year, after conducting the media campaign, the Health Enhancement Services survey (n = 716) found an 18 percent reduction in perceived binge drinking and a 16 percent reduction in actual binge drinking. In addition, survey respondents reported a 5 percent reduction in alcohol-related injuries to self and a 33 percent reduction in alcohol-related injuries to others. Three-year trend data are shown in Figure 7.

When the FIPSE grant ended in 1990, NIU provided funds for the project through an addition to the annual budget of the University Health Service in 1991. As a result, the media campaign to change binge drinking norms has been repeated at NIU every year since its inception.

In a 1995 survey (n = 990), the perception of binge drinking was 43 percent and the actual binge rate was 28 percent, a reduction in binge drinking of more than one-third (35 percent) within six years. During this same period, the national college binge drinking rate remained essentially unchanged, with the most recent binge drinking rates virtually the same as the rates in 1989. In addition, during the same period, reported alcohol-related injuries to self declined by 31 percent and alcohol-related injuries to others fell by nearly 54 percent at NIU. Six-year trends are shown in Figure 8.

FIG. 8
Effects of a Social Influence Media Intervention on Student Binge Drinking Behavior



How to Replicate the NIU Social Influence Campaign

The NIU Social Influence Campaign is an example of a social marketing intervention. It focuses on changing student perceptions of campus drinking norms with messages that highlight positive and moderate drinking norms, while ignoring nonnormative and negative data. This is a key element of the concept.

It takes five steps to successfully implement this approach:

1. Collect baseline data.
2. Develop a message that highlights nonbinge norms.

3. Ensure credibility of the message source.
4. Deliver the message to the target population.
5. Support message retention within the population.

Each is described below. Failure to include any one of these steps may undermine the effectiveness of the entire effort.

Collecting Baseline Data

The NIU campaign is both theory and information-based, using current data on drinking practices of college students for message content. Many sources of data exist, including local and national studies. Local data specific to the target school are of greater interest to students. Many schools already gather local data with the CORE Survey (Presley et al., 1995), included in Appendix A. Other schools have developed their own survey methods or use an instrument from another school. For more information about developing and conducting needs assessment and other information about the AOD use behaviors of college students, see *Assessing Alcohol-Related Problems on Campus*, a publication available through the Higher Education Center for Alcohol and Other Drug Prevention (see Preface).

When local data are not available, schools often use one of the well-respected national studies. NIDA's *Monitoring the Future* Survey (Johnston et al., 1992), the national CORE survey (Presley et al., 1995), or the Harvard School of Public Health study (Wechsler et al, 1994) are three sources for information on drinking practices of U.S. college students based on national surveys.

When alcohol research and assessment data are presented, the media frequently spin stories in a negative light, making undesirable behavior seem more prominent than it actually is and reinforcing misperceptions that support binge drinking. For example, the *Wall Street Journal*, December 7, 1994, ran the following headline and lead sentence in response to the press release distributed by the Harvard School of Public Health announcing the results of Wechsler's research (1994):

> *"Binge" Drinking at Nation's Colleges Is Widespread, a Harvard Study Finds*
>
> BOSTON–Almost half of all students surveyed at 140 U.S. colleges admitted to "binge" drinking, leading to everything from fights to vandalism according to . . .

Instead, the study could have resulted in this headline and story lead:

> *Majority of College Students Drink Moderately or Not at All, a Harvard Study Finds*
>
> BOSTON–More than half of all students surveyed at 140 U.S. colleges reported moderate drinking as the campus norm, resulting in relatively

small numbers (only 9 percent) who get hurt or vandalize, according to . . .

This alternative approach supports safer drinking norms and encourages readers to accurately perceive campus drinking norms. Whether data are collected on campus or are drawn from a credible national study, data showing that most students drink in moderation and do not harm themselves or others as a result of that drinking may have a positive impact on drinking norms.

Developing a Message

The four rules of message development for this model are as follows:

- Keep it simple.
- Tell the truth.
- Be consistent.
- Highlight the norm of moderation.

A simple message was used at NIU in 1990: Most NIU students (55 percent) drink five or fewer drinks when they party. That message was based on data gathered from the Health Enhancement Services annual survey of student health behaviors. Based on the cumulative 1995 CORE Survey data for all college students, the message would read, "Most college students (61 percent) drink fewer than five drinks when they party."

The NIU phrase met the message development criteria. It was simple; it reported the actual data truthfully; it was consistently used in all of the various media and program efforts; and it supports the campus norm of moderation. The following is an example of how CORE Survey data could be framed to support safer drinking norms:

> *U.S. Department of Education Study Finds Moderation Is the Norm on Campus.*
>
> Researchers report almost two-thirds (61 percent) of America's college students drink moderately or not at all. The CORE Institute on Alcohol and Other Drug Studies at Southern Illinois University reports in its 1995 survey that serious consequences of alcohol use among college students are uncommon:
>
> - 98 percent are not arrested for DUI/DWI.
> - 92 percent do not vandalize.
> - 88 percent do not get into trouble with authorities.
> - 85 percent do not get hurt or injured.
>
> Most students are concerned about risks associated with alcohol and protect themselves by drinking moderately or avoiding alcohol altogether.

The term *most* was chosen in the previous examples because it means

normative, thus reinforcing a change in perception of student drinking norms. It is also easier to remember than a specific percentage. The message was worded in the affirmative, a positive statement of a specific achievable behavior (five or fewer drinks), rather than telling students what not to do in a message such as "Don't drink too much!"

Some colleges and universities may find that binge drinking is the campus norm. Such campuses could use national survey data on rates of nonbinge drinking–61 percent (CORE), 56 percent (Wechsler), and 60 percent (NIDA)–to communicate norm messages about "typical" college students. Another alternative would be to use a different cutoff point for the norm message: "Most students drink fewer than seven drinks [or eight drinks or ten drinks] when they party." Regardless of where you begin, correcting the misperception of the drinking norm as in the NIU campaign suggests that the number of heavy drinkers can be reduced.

Communicating accurate drinking rates is a means of emphasizing the norm of moderation. But it's not necessary, and may even be counterproductive, for the message to restate the student misperception of the campus norm. In fact, restating the misperception may reinforce it. Attempts to explain background theory within the mass media message only make the information more complex and difficult to remember.

Some individuals in the university community may respond to the message content without understanding the social norms concept. Administrators and admission officers, for example, may be delighted to see high-profile media attention that features moderation and does not exaggerate the prevalence of serious alcohol-related harm. They may even assume mistakenly that alcohol is not a problem on their campus. By contrast, others in the community may express concern about messages that appear to play down the problem of binge drinking, on the theory that positive social norm messages amount to institutional denial. It is important to acknowledge that any incidents of binge drinking and any serious harm associated with drinking are important problems that must be addressed proactively and effectively.

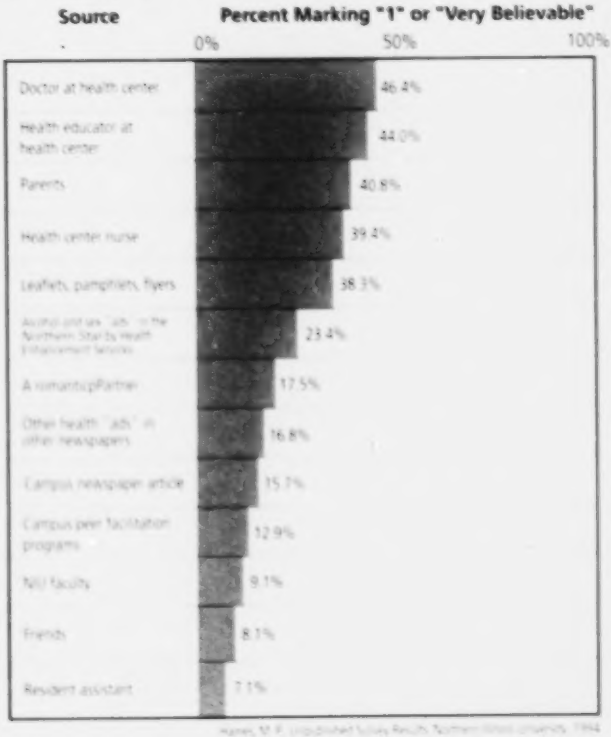
Ensuring Credibility

Because college students tend to misperceive the drinking norm, they may be skeptical of information that challenges their drinking beliefs. To change this misperception, the sources of information must be credible. Research conducted at NIU regarding the believability of AOD and other health information indicates that students

FIG. 9

Believability of Sources of Health Information

A survey conducted at NIU (n = 990) in 1994 asked students to rate believability of sources of health information on a 1–5 scale.



rate print material more believable than other media and health professionals more believable than peer educators, friends, or other interpersonal sources. Figure 9 shows the results of a survey on believability of sources of health information conducted at NIU in 1994.

It is important to know how students perceive the agency or group that is sponsoring or conducting the campaign. Some groups or offices may have low general credibility, some may be seen as the enemy, some may be simply ignored as "nerds" or "geeks," and still others may be seen as having hidden or unstated agendas. The information credibility survey strongly suggests using doctors or health educators as sources.

Focus groups and student surveys conducted during the NIU effort made the following points regarding message credibility:

- Indicate the source of the data being used to change perception. Students may think that ". . . [authorities] just made up statistics to get students to stop drinking."
- The more scientific the source citation, the more believable it may be. For example, information in an NIU campaign ad was referenced as follows: "Based on random surveys of NIU students (n = 1052) conducted during the 1994–1995 academic year under the auspices of the U.S. Department of Education (grant # 1234) . . ."
- Silly, satirical, cute, or juvenile formats work against the scientific integrity of the message. Smiley faces and cartoon characters detract from the credibility of these messages.
- Local data are more credible than national data. When data from other institutions are presented, it is easy to deny their validity as nonrepresentative ("Oh, that's because they're from a big impersonal school" or "Of course they drink less. That's a small religious school; they're not like us.").
- Photographs of students ("people who look like us; not too old, not too young; not professional models; not too sick or too slick") attract more attention than any other design element. Photos of actual students also support the normative emphasis of the message. The NIU program used photos of NIU students in the advertisements, posters, and flyers.

MOST OF Us
Do the right thing if we drink
Most Greek men drink 6 or fewer drinks if they "party."
Most Greek women drink 4 or fewer drinks if they "party."
Most Greeks drink responsibly if they drink.
$5

Delivering the Message

Because students appear to rate higher the believability of print media and because print media are relatively inexpensive, they should be the first choice for delivering the message. Print media include flyers and leaflets, posters, newspaper advertisements (both display and classified), editorials, letters to the editor, articles, billboards, bulletin boards, comics, and sidewalk chalk art. However, comics and sidewalk chalk art may lack credibility and should be used only if done well and pretested for credibility.

Interpersonal methods that rely on face-to-face contact and oral communication include residence hall programs, programs at Greek houses and other student organizations, guest lectures in academic classes, town meetings, and skits. Because these activities rely on personnel, they may be too costly in terms of time and money to be the mainstay of a mass perception change effort.

A common lament heard about such programs is how hard it is to get the people who really need to hear the message to come to hear the speaker. Interpersonal programs can end up "preaching to the choir" unless attendance is mandatory or the program is part of a curriculum infusion effort.

When college AOD programs find it useful to offer at least some interpersonal presentations, these activities should also be viewed as opportunities to disseminate and enhance the credibility of the printed media on normative behavior. Interpersonal methods are good opportunities to pretest print media by asking students to critique prototypes of flyers, posters, and advertisements.

It is essential that the message actually reach the targeted population. For example, surveys at NIU have found that students with the greatest interest in attending an alcohol education program are those who drink the least. In contrast, students who drink the most are most likely to read NIU alcohol information, ads, and flyers (Haines, 1993). One quick way to ascertain whether the medium being used is reaching the target group is to conduct random surveys of 20 to 50 students in a high-traffic area on campus.

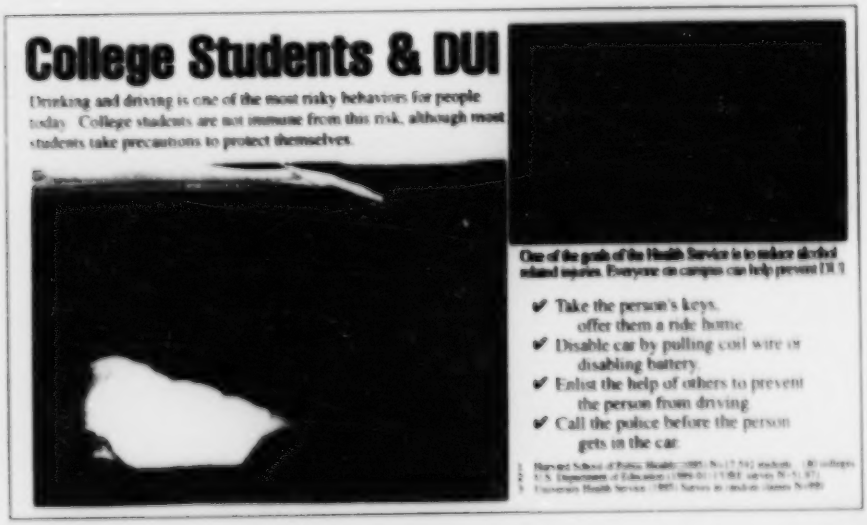
Supporting Message Retention

To change perceptions, students have to remember and internalize the message. Among the factors that influence retention of a message are two that have already been discussed: simple content and source credibility. A third important factor is frequency of exposure to the message. The same simple message has to be heard over and over again for it to stick. The people who sell beer certainly know that. To keep it fresh,

the message should be communicated in many different forms, such as posters, flyers, buttons, display advertisements, and classified ads. Multiple exposures require a commitment of time and money. At NIU during the fall semester, the campaign had three media exposures per week–for example, flyers distributed on Tuesday at the student union, a display ad in Wednesday's paper, and a classified ad on Thursday.

Based on NIU's experience, a media campaign should start immediately at the beginning of fall semester and maintain high visibility until spring break. The number of media exposures can then taper off after spring break. Messages delivered during the last six weeks of school may not have enough time to be translated into behavior and are probably not carried off-campus through the summer. Starting too late with too little almost always guarantees failure.

Another technique the advertising industry uses to get messages to stick is to reward people who remember it: "The third caller who says 'WXYZ listeners have more fun!' gets two free tickets to tonight's concert" or "If you know which beer is 'beechwood-aged' when our bartender asks, you get a free pitcher." The NIU campaign model uses monetary incentives through the Money Brothers and the Get Acquainted Poster to increase the number of students who remember the message or participate in its delivery.


College Students & DUI
Drinking and driving is one of the most risky behaviors for people today. College students are not immune from this risk, although most students take precautions to protect themselves.
One of the goals of the Health Service is to reduce alcohol related injuries. Everyone on campus can help prevent DUI.
✔ Take the person's keys, offer them a ride home
✔ Disable car by pulling coil wire or disabling battery
✔ Enlist the help of others to prevent the person from driving
✔ Call the police before the person gets in the car

Targeting the Model to Special Populations

NIU is a large, residential, public, coeducational university with a total enrollment of more than 23,000 students. It's typical of many state universities. The media campaign to reduce binge drinking through social marketing strategies was applied to the entire campus population. However, it could, with minor modifications, focus on specific groups within the student body.

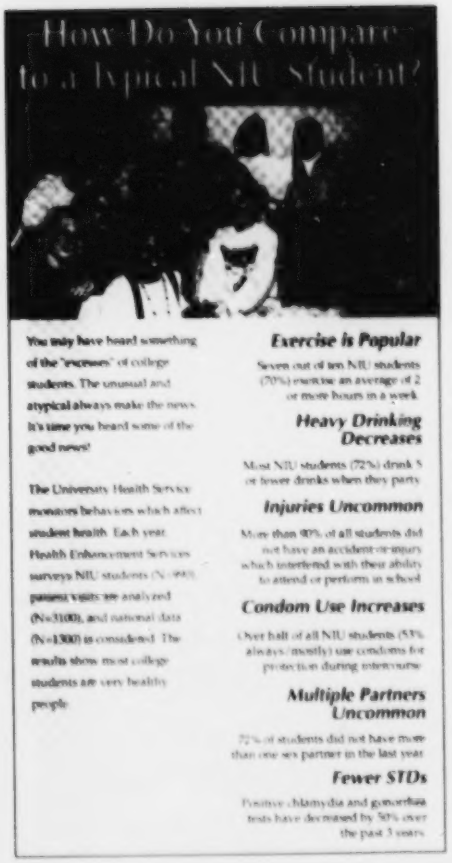
The most effective way to change binge drinking behavior among a subculture that knows it is different and likes the difference is to get "inside" the culture and feed back the actual drinking norm of the subculture. Getting to know a subculture requires specific surveys, meetings, interviews, or focus groups conducted with members of the distinctive target population. Hiring students from special populations to work as part of the project may be an effective way to get to know the culture, build rapport, and ensure credibility.

Fraternity and Sorority Members

Students who are members of Greek social organizations, particularly those who live in fraternity and sorority houses, report significantly higher rates of binge drinking than other students (Presley et al., 1995; Wechsler et al., 1994). Under the NIU project, significant reductions in binge drinking were found among male and female Greek members, although the reductions were smaller than reductions for the student body as a whole.

The reductions might have been even greater had a campaign directed specifically at Greek students been implemented simultaneously with the institution-wide effort. Greeks at NIU accurately perceive themselves as drinking more than most students. As would be predicted by the Perkins and Berkowitz research, Greek members exaggerate the extent of binge drinking within the Greek subculture. Consequently, one might expect that strategies focused on Greek organizations would be as successful, if not more so, in reducing binge drinking and related harm within the Greek community.

A social influence campaign to reduce binge drinking among Greek members would require following the five steps discussed in the replication section, with two important changes: (1) The initiative would be limited to Greek students, and (2) the "norm of moderation" may be considerably higher than the norm for the whole campus. The message for Greeks may be, "Most NIU Greeks drink six or fewer drinks when they party." This higher Greek norm is still lower than the Greek drinking norm perceived by Greek students (Haines, 1993). The


How Do You Compare to a Typical NIU Student?
You may have heard something of the "excesses" of college students. The unusual and atypical always make the news. It's time you heard some of the good news!
The University Health Service monitors behaviors which affect student health. Each year Health Enhancement Services surveys NIU students (N=900), patient visits are analyzed (N=3100), and national data (N=1300) is considered. The results show most college students are very healthy people.
Exercise is Popular
Seven out of ten NIU students (70%) exercise an average of 2 or more hours in a week.
Heavy Drinking Decreases
Most NIU students (72%) drink 5 or fewer drinks when they party.
Injuries Uncommon
More than 90% of all students did not have an accident or injury which interfered with their ability to attend or perform in school.
Condom Use Increases
Over half of all NIU students (53% always / mostly) use condoms for protection during intercourse.
Multiple Partners Uncommon
72% of students did not have more than one sex partner in the last year.
Fewer STDs
Positive chlamydia and gonorrhea tests have decreased by 50% over the past 3 years.

impact of such an approach, however, has not yet been evaluated.

Ethnic and Racial Minorities

National surveys have consistently reported that white students have the highest prevalence of binge drinking, followed closely by Hispanic students, while African Americans and Asians have relatively low binge drinking rates (Johnston et al., 1992; Presley et al., 1995; Wechsler et al., 1994).

Analysis of the NIU data showed that Hispanic students had reductions in binge drinking rates, plus alcohol-related harm to self and others, similar to the reductions observed in the total student population. Whether more significant reductions in binge drinking would be possible with a campaign targeted specifically at Hispanic students is unknown. Sample size for other ethnic minorities were too small for analysis.

Student Athletes

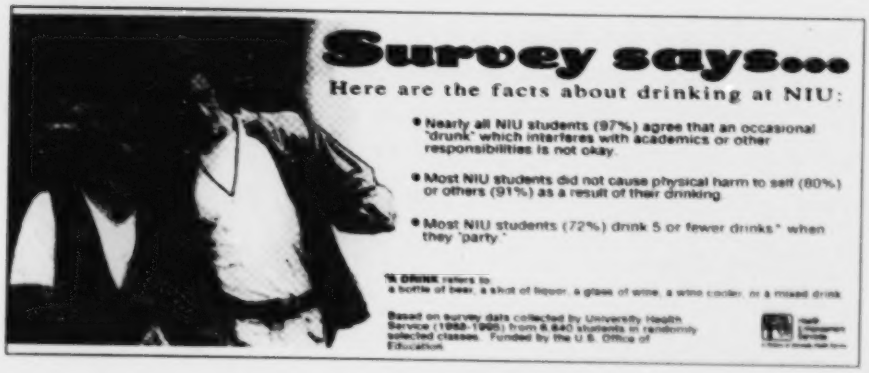
Wechsler's research has found that binge drinking rates among intercollegiate athletes are slightly higher than the rates among other students. Data from NIU indicate that exercise and athletic behavior are positively correlated with binge drinking rates. Survey results show that the more often students exercise in a given week, the more likely they are to be heavy drinkers. These findings suggest that binge drinking prevention efforts targeted at student athletes might be beneficial when there are enough athletes on a specific campus to warrant expenditure of resources.

Cooperation of the athletic department is essential to any effort targeting student athletes. It would be important to show these students that the norm for successful college athletes is not heavy alcohol use, if the survey data show that to be the case.

Women

NIU efforts to reduce binge drinking were more effective for female than male students. In the NIU pretests, females reported higher levels of misperception regarding campus binge drinking. Following the social influence media campaign, both males and females showed reductions in binge drinking. However, females had a more significant reduction in perceived and actual binge drinking than males did.

Because the NIU approach shows even greater effectiveness with female students than with males, it provides schools with a promising approach for reducing alcohol-related harm among college women. This may be especially important if women have been underserved by a school's alcohol abuse prevention services.


Survey says...
Here are the facts about drinking at NIU:
• Nearly all NIU students (97%) agree that an occasional "drunk" which interferes with academics or other responsibilities is not okay.
• Most NIU students did not cause physical harm to self (80%) or others (91%) as a result of their drinking.
• Most NIU students (72%) drink 5 or fewer drinks* when they "party."
* A DRINK refers to a bottle of beer, a shot of liquor, a glass of wine, a wine cooler, or a mixed drink.
Based on survey data collected by University Health Service (1988-1995) from 6,840 students in randomly selected classes. Funded by the U.S. Office of Education.

Limitations of the Social Influence Methodology and Applications in Different Settings

In certain situations, the social influence methods may be ineffective or have minimal impact. It may be ineffective if the goal of an intervention is to support nonnormative behavior. For example, an AOD office at campus X wants to increase the number of students who report no alcohol use. Data show that most students perceive only 2 percent abstainers when there are 20 percent abstainers. A message to change this perception–such as "One Fifth of All Students at Campus X Abstain!"–may be counterproductive and unintentionally reinforce the actual drinking norm. Focus groups conducted at NIU showed students read such messages as "Most Students (four of five) at Campus X Drink Alcohol." In this case, abstaining is not normative behavior.

The approach may have a "floor," a binge drinking level below which there will be little further impact. It is difficult to assume that a social norms model could eliminate binge drinking altogether. There will always be some segments of the population who are immune to social influence, such as alcoholics or antisocial people. Once this floor is reached, further reductions in binge drinking may be cost prohibitive or simply impossible, using the social influence methods described in this document.

Additionally, if the needs assessment indicates that a campus has very few binge drinkers and/or those students do not misperceive the campus norm, then another method must be employed or perhaps another health issue should be the target of prevention resources.

Convincing an alcoholic that the campus norm is moderation may help overcome denial and help other students to recognize alcoholism and intervene in behalf of alcoholic students, but it will never reduce the incidence of alcoholism by itself.

Commuter Schools

Community colleges and schools with large populations of commuting students are a special problem for AOD prevention efforts that rely on interpersonal methods. One more cost-effective interpersonal strategy for commuter schools to change social norms may be curriculum

infusion, incorporating information to correct misperceptions of college drinking norms directly into class content throughout the curriculum.

Because the NIU social influence approach is media-based and does not rely on interpersonal methods, it can be successfully applied on commuter campuses. Much of the print media material is portable, meaning that the students can take it with them wherever they go. They have private access to the message and they can read it on their own time and can keep it for future reference. Students do not need to change their daily routine in order to receive the information. For example, flyers placed on the windshields of cars in student parking lots can reach those who drive to campus.

At certain nonresidential campuses, the social influence effort may not be very effective. At some of these campuses, the student body is significantly older (mean age = 26) and married. These students may not have the alcohol use patterns that are more prevalent among traditional students, or they may have responsibilities and obligations that reduce the opportunity for or interest in binge drinking. There may be little need for an NIU-type binge drinking prevention project.

Another factor at commuter schools is a highly diverse student body with primary social affiliations occurring off-campus in hometown communities or neighborhoods. Where this off-campus affiliation is very strong, students are probably too heavily influenced by the social norm of their own community or neighborhood to be affected significantly by a campus-based social influence initiative.

DRINKING AT NIU
THE FACTS ABOUT
'A drink =
a bottle of beer
a shot of liquor
a glass of wine
a wine cooler
or a mixed drink
• Two-thirds of NIU students (72%) drink 5 or fewer drinks* when they 'party'.
• Most NIU students did not cause physical harm to self (80%) or others (91%) as a result of their drinking.

Schools Without Newspapers

As noted earlier, students often see the campus newspaper as an objective and credible source of student information. This is particularly true of newspaper articles. When social norms information about student drinking behavior is presented in a newspaper article, it is more likely to be read than when it is presented by a peer educator, faculty member, or resident assistant.

Some schools do not have a campus paper or the paper is published infrequently. In the latter case, the newspaper can still be used as a vehicle to deliver social norm information, but not the primary method. In both cases, the production and delivery of more nonnewspaper media become paramount. For example, every piece of mail that the college sends to students is a potential venue for the social norm message.

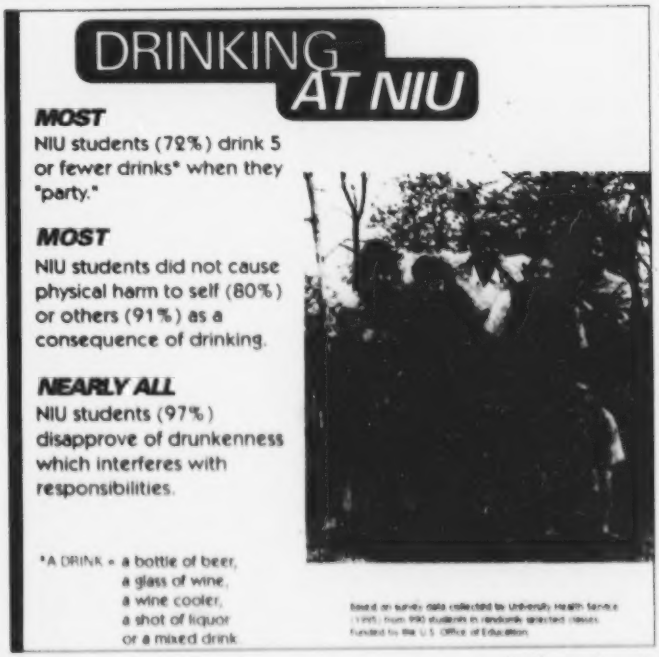
It might be worth underwriting the publication of a new campus newspaper as a joint undertaking of the office conducting the social norms intervention and some other groups that have credibility with the target population. At NIU, for example, University Health Service recently underwrote some of the costs for publishing *Lifeline*, the newspaper of the Black Student Union. As a result of this support, the paper published numerous articles containing health information. An ongoing collaborative relationship has been established between the two groups.

Religiously Affiliated Schools

Colleges and universities with strong religious affiliations may require adaptations of the NIU approach. Some are no different from other colleges in terms of the prevalence of binge drinking. In these cases, the NIU model can be applied as it would in any other setting.

However, some religiously affiliated colleges have very low reported rates of binge drinking when compared with national averages. There also may be greater social pressure to abstain and more stigma attached to drinking at these schools. In such settings, students who binge may quite accurately perceive themselves to be drinking at rates in excess of the campus norm, much like Greek students who perceived that their binge drinking rate was higher than that of most other students. They may also value this difference.

A binge drinking group at a religiously affiliated college may be difficult to assess because of the social costs associated with self-disclosure of binge drinking. Students affiliated with groups who hold nonnormative social views, attitudes, or beliefs, may be more immune to social influence methodologies. Students who belong to political or religious fringe groups, student groups that are


DRINKING AT NIU
MOST
NIU students (72%) drink 5 or fewer drinks* when they "party."
MOST
NIU students did not cause physical harm to self (80%) or others (91%) as a consequence of drinking.
NEARLY ALL
NIU students (97%) disapprove of drunkenness which interferes with responsibilities.
*A DRINK = a bottle of beer, a glass of wine, a wine cooler, a shot of liquor or a mixed drink

proud to be atypical, gangs, and student groups whose identity is linked to heavy drinking (such as athletic clubs, social clubs, and even journalism clubs that may see heavy drinking as part of the group mystique) may require a more intensive, personal, and expensive intervention than a media-based social influence strategy can provide.

Schools with Very Small Enrollment

Schools with small enrollment (under 2,000) may find that interpersonal methods are as cost-effective as media methods. The small size of the target population neutralizes some of the economies of scale associated with media-based efforts. Even so, if interpersonal methods are employed as the primary method of delivering the information, media should still be used to support the message. The need for frequent exposure to repeated yet credible messages about positive campus drinking norms remains the critical factor for a successful outcome.

Conclusion

The NIU campaign provides a promising approach to reducing binge drinking and associated problems at colleges and universities. As this approach is tested at other colleges and universities, more information will be forthcoming, describing ways to adapt this approach to different campus environments and with different population groups. In addition, colleges and universities will learn more about the influences of social norms on student alcohol use and the impact of shifting those norms on changing behaviors and preventing problems.

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APPENDIX A

Core Instrument

Form 191

Core Alcohol and Drug Survey

For use by two- and four-year institutions

FIPSE Core Analysis Grantee Group

Please use a number 2 pencil.

Processed by: UCS Office of Measurement Services
University of Minnesota
2520 Broadway Drive - Room 130
St. Paul, MN 55113

1. Classification:
- Freshman
- Sophomore
- Junior
- Senior
- Grad./professional
- Not seeking a degree
- Other

2. Age:

3. Ethnic origin:
- American Indian/Alaskan Native
- Hispanic
- Asian/Pacific Islander
- White (non-Hispanic)
- Black (non-Hispanic)
- Other

4. Marital status:
- Single
- Married
- Separated
- Divorced
- Widowed

5. Gender:
- Male
- Female

6. Is your current residence as a student:
- On-campus
- Off-campus

7. Are you working?
- Yes, full-time
- Yes, part-time
- No

8. Living arrangements

A. Where: *(mark best answer)*
- House/apartment, etc.
- Residence hall
- Approved housing
- Fraternity or sorority
- Other

B. With whom: *(mark all that apply)*
- With roommate(s)
- Alone
- With parent(s)
- With spouse
- With children
- Other

9. Approximate cumulative grade average: *(choose one)*

A+ A A- B+ B B- C+ C C- D+ D D- F

10. Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available and used. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available and used. Which of these is closest to your own view?

	Have available	Not have available
With regard to drugs?		
With regard to alcohol?		

11. Student status:
- Full-time (12+ credits)
- Part-time (1-11 credits)

12. Campus situation on alcohol and drugs

	yes	no	don't know
a. Does your campus have drug and alcohol policies?			
b. If so, are they enforced?			
c. Does your campus have a drug and alcohol prevention program?			
d. Do you believe your campus is concerned about the prevention of drug and alcohol use?			
e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?			

13. Place of permanent residence:
- In-state
- USA, but out of state
- Country other than USA

14. Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?
- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

15. Average # of drinks* you consume a week

(If less than 10, code answer as 01, 02, etc.)

16. At what age did you first use . . . *(mark one for each line)*

	Never	11 or younger	12, 13	14, 15	16, 17	18, 19	20, 21	22-25	26 or older
a. Tobacco (smoke, chew, snuff)									
b. Alcohol (beer, wine, liquor)*									
c. Marijuana (pot, hash, hash oil)									
d. Cocaine (crack, rock, freebase)									
e. Amphetamines (diet pills, speed)									
f. Sedatives (downers, ludes)									
g. Hallucinogens (LSD, PCP)									
h. Opiates (heroin, smack, horse)									
i. Inhalants (glue, solvents, gas)									
j. Designer drugs (ecstasy, MDMA)									
k. Steroids									
l. Other illegal drugs									

*Other than a few sips

BEST COPY AVAILABLE

17. Within the last year about how often have you used . . .
(mark one for each line)

	Never used	Once/twice	Three/four times	5 times/week	Every day
a. Tobacco (smoke, chew, snuff)	○	○	○	○	○
b. Alcohol (beer, wine, liquor)	○	○	○	○	○
c. Marijuana (pot, hash, hash oil)	○	○	○	○	○
d. Cocaine (crack, rock, freebase)	○	○	○	○	○
e. Amphetamines (diet pills, speed)	○	○	○	○	○
f. Sedatives (downers, ludes)	○	○	○	○	○
g. Hallucinogens (LSD, PCP)	○	○	○	○	○
h. Opiates (heroin, smack, horse)	○	○	○	○	○
i. Inhalants (glue, solvents, gas)	○	○	○	○	○
j. Designer drugs (ecstasy, MDMA)	○	○	○	○	○
k. Steroids	○	○	○	○	○
l. Other illegal drugs	○	○	○	○	○

18. During the past 30 days, on how many days did you have:
(mark one for each line)

	0 days	1 2 days	3 5 days	6 9 days	10 19 days	20 or more days
a. Tobacco (smoke, chew, snuff)	○	○	○	○	○	○
b. Alcohol (beer, wine, liquor)	○	○	○	○	○	○
c. Marijuana (pot, hash, hash oil)	○	○	○	○	○	○
d. Cocaine (crack, rock, freebase)	○	○	○	○	○	○
e. Amphetamines (diet pills, speed)	○	○	○	○	○	○
f. Sedatives (downers, ludes)	○	○	○	○	○	○
g. Hallucinogens (LSD, PCP)	○	○	○	○	○	○
h. Opiates (heroin, smack, horse)	○	○	○	○	○	○
i. Inhalants (glue, solvents, gas)	○	○	○	○	○	○
j. Designer drugs (ecstasy, MDMA)	○	○	○	○	○	○
k. Steroids	○	○	○	○	○	○
l. Other illegal drugs	○	○	○	○	○	○

19. How often do you think the average student on your campus uses . . .
(mark one for each line)

	Never used	Once/twice	Three/four times	5 times/week	Every day
a. Tobacco (smoke, chew, snuff)	○	○	○	○	○
b. Alcohol (beer, wine, liquor)	○	○	○	○	○
c. Marijuana (pot, hash, hash oil)	○	○	○	○	○
d. Cocaine (crack, rock, freebase)	○	○	○	○	○
e. Amphetamines (diet pills, speed)	○	○	○	○	○
f. Sedatives (downers, ludes)	○	○	○	○	○
g. Hallucinogens (LSD, PCP)	○	○	○	○	○
h. Opiates (heroin, smack, horse)	○	○	○	○	○
i. Inhalants (glue, solvents, gas)	○	○	○	○	○
j. Designer drugs (ecstasy, MDMA)	○	○	○	○	○
k. Steroids	○	○	○	○	○
l. Other illegal drugs	○	○	○	○	○

20. Where have you used . . .
(mark all that apply)

	Never used	Bar, restaurant, frat/sorority	Private parties	Other
a. Tobacco (smoke, chew, snuff)	○	○	○	○
b. Alcohol (beer, wine, liquor)	○	○	○	○
c. Marijuana (pot, hash, hash oil)	○	○	○	○
d. Cocaine (crack, rock, freebase)	○	○	○	○
e. Amphetamines (diet pills, speed)	○	○	○	○
f. Sedatives (downers, ludes)	○	○	○	○
g. Hallucinogens (LSD, PCP)	○	○	○	○
h. Opiates (heroin, smack, horse)	○	○	○	○
i. Inhalants (glue, solvents, gas)	○	○	○	○
j. Designer drugs (ecstasy, MDMA)	○	○	○	○
k. Steroids	○	○	○	○
l. Other illegal drugs	○	○	○	○

21. Please indicate how often you have experienced the following due to your drinking or drug use during the last year . . .
(mark one for each line)

	Never	Once	2 3 times	4 5 times	6 9 times	10 or more times
a. Had a hangover	○	○	○	○	○	○
b. Performed poorly on a test or important project	○	○	○	○	○	○
c. Been in trouble with police, residence hall, or other college authorities	○	○	○	○	○	○
d. Damaged property, pulled fire alarm, etc.	○	○	○	○	○	○
e. Got into an argument or a fight	○	○	○	○	○	○
f. Got nauseated or vomited	○	○	○	○	○	○
g. Driven a car while under the influence	○	○	○	○	○	○
h. Missed a class	○	○	○	○	○	○
i. Been criticized by someone I know	○	○	○	○	○	○
j. Thought I might have a drinking or other drug problem	○	○	○	○	○	○
k. Had a memory loss	○	○	○	○	○	○
l. Done something I later regretted	○	○	○	○	○	○
m. Been arrested for DWI/DUI	○	○	○	○	○	○
n. Have been taken advantage of sexually	○	○	○	○	○	○
o. Have taken advantage of another sexually	○	○	○	○	○	○
p. Tried to unsuccessfully stop using	○	○	○	○	○	○
q. Seriously thought about suicide	○	○	○	○	○	○
r. Seriously tried to commit suicide	○	○	○	○	○	○
s. Been hurt or injured	○	○	○	○	○	○

22. Have any of your family had alcohol or other drug problems: *(mark all that apply)*

○ Mother ○ Brothers/sisters ○ Spouse
○ Father ○ Mother's parents ○ Children
○ Stepmother ○ Father's parents ○ None
○ Stepfather ○ Aunts/uncles

23. If you volunteer any of your time on or off campus to help others, please indicate the approximate number of hours per month and principal activity

○ Don't volunteer, or less than 1 hour ○ 10-15 hours
○ 1-4 hours ○ 16 or more hours
○ 5-9 hours

Principal volunteer activity is _____

APPENDIX B

Sample Questions from NIU Survey

Student Health Behavior Assessment

The following survey asks personal but important questions about attitudes and behaviors of NIU students regarding their health. The information you provide is anonymous. We do not want to know your identity.

DIRECTIONS

1. Mark all answers on computer answer sheet beginning with question 101.
2. Mark only one answer for each question.
3. DO NOT put your name or ID number on the form.
4. DO NOT take this survey more than one time this semester.
5. Your participation is completely optional.
6. Results are available through Health Enhancement Services. (753-9755)

Thank you for participating in this survey. It is very valuable to Health Enhancement Services to further our health promotion and disease prevention efforts on campus.

1994 Student Health Behavior Assessment

Mark only one response for each question. Begin with question 101.

101. What is your age?
A = 18 B = 18 C = 19 D = 20 E = 21 F = 22 G = 23 H = 24 I = 25+

102. What is your year in school?
A = Freshman B = Sophomore C = Junior D = Senior E = Other

103. What is your gender?
A = Male B = Female

104. What is your ethnic group?
A = Asian B = Black C = Hispanic D = White E = Other

105. During the last school year, where did you live?
A = residence hall B = fraternity/sorority house C = off campus D = with family E = other

106. Are you a member of a fraternity or sorority?
A = yes B = no

107. Are you a member of an intercollegiate athletic sport?
A = yes B = no

108. How many hours a week do you exercise on the average?
A = 0 B = 1 C = 2–3 D = 4–5 E = 6–7 F = 8 or more

109. How many hours a week, on the average, do you exercise at ORE (Office of Campus Recreation) or at ORE sponsored events?
A = 0 B = 1 C = 2–3 D = 4–5 E = 6–7 F = 8 or more

During the last school year, did you read any Health Enhancement Services advertisements in the *Northern Star* about any of the following topics:

110. alcohol/NIU drinking? A = yes B = no
111. safer sex? A = yes B = no

During the last school year, did you read any Health Enhancement Services handouts about any of the following topics:

112. alcohol/NIU drinking? A = yes B = no
113. safer sex? A = yes B = no
114. Which of the following do you use?
A = cigarettes B = smokeless tobacco C = nicotine gum D = A & B E = A & C F = B & C G = none of the above
115. What is your current level of use of tobacco/nicotine products?
A = I don't use tobacco/nicotine products (marked G in question #114)
B = 1/2 pack or more of cigarettes per day
C = less than a 1/2 pack of cigarettes per day
D = 1–5 times per week
E = 1–2 times per month
F = less than one time a month
116. Did you drink alcohol at all during the last school year? A = yes B = no

117. When you "party," how many drinks do you have on the average? (One drink is defined as a beer, a glass of wine, a shot of liquor, or a mixed drink.)
State your best estimate: A = 0 B = 1–2 C = 3–5 D = 6–9 E = 10+

118. How many drinks, on the average, do you think most students have when they party?
A = 0 B = 1–2 C = 3–5 D = 6–9 E = 10+

Within the last school year, did any of the following occur as a consequence of your drinking?

119. Physical injury to yourself A = yes B = no

120. Physical injury to others A = yes B = no

121. Did someone use force or threat of force to have sex with you? A = yes B = no

122. What is your current level of marijuana use?
A = I have never used marijuana
B = I have used marijuana within the last year but not within the last 30 days
C = I have used marijuana within the last 30 days but not during the last week
D = I have used marijuana within the last week but not daily
E = I use marijuana daily

123. Answer this question for the last time you "partied." For how many hours did you "party"? State your best estimate:
A = 1 B = 2 C = 3 D = 4 E = 5 F = 6 G = 7 H = 8 I = 9+ J = 0

124. Answer this question for the last time you "partied." How many drinks did you have? State your best estimate:
A = 1 B = 2 C = 3 D = 4 E = 5 F = 6 G = 7 H = 8 I = 9+ J = 0

125. Within the last school year, have you read the "Survey Says" poster? A = yes B = no

126. According to the Food Guide Pyramid, which group of foods is at the base of the pyramid and should make up the largest part of our diets?
A = fruits and vegetables
B = dairy products
C = meat
D = breads, grains, rice, and cereal
E = fats, oils, and sweets

Within the last school year, have you called any of the 800 numbers or hotlines listed below?

127. National AIDS Hotline (1-800-342-AIDS) A = yes B = no

128. National STD Hotline (1-800-227-8922) A = yes B = no

129. National Center for Nutrition and Dietetics (1-800-366-1655) A = yes B = no

130. According to the "Safe Drink Level Chart," what is the maximum number of drinks you can consume in 4 hours without exceeding a blood alcohol concentration of .05? A = 1 B = 2 C = 3 D = 4 E = 5 F = 6 G = 7 H = 8 I = 9 or more J = don't know

131. Within the last school year, have you been hospitalized as a result of an accident or injury? A = yes B = no

132. Within the last school year, have you had an injury or accident that interfered with your ability to attend or perform in school? A = yes B = no

133. Where did the injury marked in question #131 or #132 occur? (If more than one, answer for most serious.)
A = in the Campus Recreation Center or at a Campus Recreation–sponsored event
B = in a residence hall or a residence hall–sponsored event
C = at a Greek House or Greek–sponsored event
D = at other on-campus activity
E = at other off-campus activity
F = other
G = does not apply (did not have accident/injury that interfered with ability to attend/perform in school)

Have you experienced any of the following accidents/injuries within the last school year?

134. fractured/broken bone A = yes B = no

135. sprain A = yes B = no

136. burn A = yes B = no

137. laceration A = yes B = no

138. head injury A = yes B = no

139. other accident/injury A = yes B = no

Within the last school year, did any of the following accidents/injuries interfere with your ability to attend or perform in school?

140. fractured/broken bone A = yes B = no

141. sprain A = yes B = no

142. burn A = yes B = no

143. laceration/cut A = yes B = no

144 head injury A = yes B = no

145 other accident/injury A = yes B = no

Within the last school year, did any of the following accidents/injuries cause you to seek medical care at a health center, clinic, or hospital?

146 fractured/broken bone A = yes B = no

147 sprain A = yes B = no

148 burn A = yes B = no

149 laceration/cut A = yes B = no

150 head injury A = yes B = no

151 other accident/injury A = yes B = no

For questions 152–163, use the scale below to record the believability of the following sources of health information.

A = very believable B = somewhat believable C = neither believable nor unbelievable

D = somewhat unbelievable E = very unbelievable

152	leaflets, pamphlets, flyers	A	B	C	D	E
153	campus newspaper article	A	B	C	D	E
154	doctor at health center	A	B	C	D	E
155	friends –opposite sex	A	B	C	D	E
156	a romantic partner	A	B	C	D	E
157	health educator at health center	A	B	C	D	E
158	nurse at health center	A	B	C	D	E
159	same-sex friends	A	B	C	D	E
160	parents	A	B	C	D	E
161	campus peer facilitation programs	A	B	C	D	E
162	classroom	A	B	C	D	E
163	campus newspaper advertisements	A	B	C	D	E
164	Did you have a cold/flu in the last school year?	A	B	C	D	E

165 The last time you had a cold/flu, from which one of the following did you receive your primary care?

A = University Health Service B = other medical facility C = through own resources

166 The last time you had a cold or the flu, did you experience any of the following complications: bronchitis, pneumonia, pleurisy, ear infection, tonsillitis, sinus infection?

A = yes B = no

167 How often do you drive a car while you are attending school at NH?

A = daily B = weekly C = 1–2 times per month D = less than 2 times per month

168 How often do you use a seat belt when you are driving a car?

A = always B = usually C = sometimes D = rarely E = never

169 Have you ever had sexual intercourse? A = yes B = no

170 How many times in the last 30 days have you had sexual intercourse? A = 0 B = 1 C = 2–5 D = 6–10 E = 11+

171 What percentage of NH students do you think had sexual intercourse in the last 30 days?

A = 10% B = 20% C = 30% D = 40% E = 50% F = 60% G = 70% H = 80% I = 90% J = 100%

172 How often in the last thirty days have you/your partner used a condom during intercourse?

A = I haven't had intercourse in the last 30 days

B = always C = mostly D = sometimes E = rarely F = never

173 How often in the last thirty days do you think most students have used a condom during intercourse?

A = always B = mostly C = sometimes D = rarely E = never

174. How many partners have you had sexual intercourse with in the last school year?

A = I haven't had sexual intercourse in the last year B = 1 C = 2–4 D = 5–10 E = 10+

175 How many partners do you think most students have had intercourse with in the last school year?

A = 0 B = 1 C = 2–4 D = 5–10 E = 10+

What is abstinence?

176	dry kissing	A = abstinent	B = not abstinent
177	wet kissing	A = abstinent	B = not abstinent
178	bathing or showering together	A = abstinent	B = not abstinent
179	manual stimulation to orgasm of another person	A = abstinent	B = not abstinent

180. masturbation (alone) A = abstinent B = not abstinent
181. oral contact with another person's genitals A = abstinent B = not abstinent
182. vaginal intercourse A = abstinent B = not abstinent
183. anal intercourse A = abstinent B = not abstinent
184. oral-anal contact A = abstinent B = not abstinent
185. phone sex A = abstinent B = not abstinent
186. sexual thoughts about another person A = abstinent B = not abstinent

187. Which of the following statements most accurately describes the effectiveness of condoms in preventing STD, including HIV?
A = Condoms are 100% effective when used consistently and correctly.
B = Condoms are 98% effective when used consistently and correctly.
C = Condoms are 85% effective when used consistently and correctly.
D = Condoms are 46% effective when used consistently and correctly.
E = Condoms are rarely effective when used consistently and correctly.

188. What is the Sexual Assault Response Team (SART)?
A = A select team of university police officers trained to respond to sexual assault by apprehending the perpetrators.
B = A group of students trained to respond to prevention needs by providing educational programs for students.
C = A group of professionals who respond to prevention needs by training student groups about sexual assault.
D = A select group of professionals trained to respond to the needs of victims of sexual assault.
E = A judicial team trained to respond to sexual assault by prosecuting perpetrators of sexual assault.

189. During the last school year, have you had intercourse with a man? A = yes B = no
190. During the last school year, have you had intercourse with a woman? A = yes B = no

If you have never had sexual intercourse (answered "B" to 169), go to the bottom of this page and answer the "weight" question.

191. When you have intercourse, how often do you use a condom?
A = always B = mostly C = sometimes D = rarely E = never

192. If unmarried, did you or your partner use a condom at your last intercourse? A = yes B = no C = does not apply (am married)

Have any of the following conditions happened to you within the last school year?

193. genital herpes A = yes B = no
194. chlamydia A = yes B = no
195. gonorrhea A = yes B = no
196. genital warts (condyloma) A = yes B = no
197. infection with HIV (AIDS virus) A = yes B = no
198. other sexually transmitted disease A = yes B = no
199. experienced unwanted pregnancy A = yes B = no
200. had sex with someone who used force or threat of force to have sex with you A = yes B = no

Now, turn over the answer sheet, fill in the following demographic information, and blacken the appropriate ovals.

Weight: In the ID NUMBER area, enter your weight in the right three columns (i.e. 98 pounds should be written as 098; 150 should be written as 150). Thank you for your participation in this survey. Because you have taken time to fill this out, the University Health Service will be able to more effectively use your student fee money.

Please, turn in survey instrument, scantron form, and pencil to the survey administrator.

APPENDIX C

Misperception Media Campaign Estimated Costs

ADVERTISEMENTS

Display Ads:

19 display ads @ 30 column inches, @ est. $7/col. in. (Weekly Sept/Oct; Biweekly Nov/Jan; Weekly Feb/Mar)	$3,990

Classified Ads:

79 classified ad placements of 3–4 different ads avg. Cost $8/placement (3/week for 24 weeks; 1/week for 7 weeks)	$ 632

Flyer

5,000 copies of a two-sided flyer on colored paper	$ 410

Designer

Student graphic designer (250 hrs. @ $5.50)	$1,375

Poster

7,000 copies of 18 x 24, 2-color poster on glossy stock	$1,500
Total cost	$7,907

Publications available from ...

The Higher Education Center for Alcohol and Other Drug Prevention

Please contact us (see back cover) for information on obtaining the following materials:

- Setting and Improving Policies for Reducing Alcohol and Other Drug Problems on Campus: A Guide for Administrators *(62 pp.)*
- Preventing Alcohol-Related Problems on Campus:
  - Acquaintance Rape: A Guide for Program Coordinators *(74 pp.)*
  - Methods for Assessing Student Use of Alcohol and Other Drugs *(48 pp.)*
  - Substance-Free Residence Halls *(62 pp.)*
  - Vandalism *(8 pp.)*
- College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention *(103 pp.)*
- Raising More Voices than Mugs: Changing the College Alcohol Environment through Media Advocacy *(74 pp.)*
- Institutionalizing Your AOD Prevention Program *(8 pp.)*
- A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities *(32 pp.)*
- Complying with the Drug-Free Schools and Campuses Regulations (34 CFR Part 86): A Guide for University and College Administrators *(36 pp.)*
- Rethinking the Campus Environment: A Guide for Substance Abuse Prevention *(39 pp.)*
- Alcohol and Other Drug Prevention: A Bulletin for Fraternity & Sorority Advisers *(39 pp.)*
- Binge Drinking on Campus: Results of a National Study *(8 pp.)*
- Secondary Effects of Binge Drinking on College Campuses *(8 pp.)*
- Special Event Planner's Guidebook *(16 pp.)*

Fact Sheets/ Prevention Updates

- Alcohol and Other Drug Use and Sexual Assault
- College Academic Performance and Alcohol and Other Drug Use
- Alcohol and Other Drug Use Among College Athletes
- Alcohol, Other Drugs, and Interpersonal Violence
- Alcohol Use Among Fraternity and Sorority Members
- Getting Started on Campus: Tips for New AOD Coordinators
- Responsible Hospitality Service Prevention
- Social Marketing for Prevention

The Higher Education Center

For Alcohol And Other Drug Prevention

Our Mission

The mission of the Higher Education Center for Alcohol and Other Drug Prevention is to assist institutions of higher education in developing alcohol and other drug (AOD) prevention programs that will foster students' academic and social development and promote campus and community safety.

How We Can Help

The Center offers an integrated array of services to help people at colleges and universities adopt effective AOD prevention strategies:

- Training and professional development activities
- Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse
- Assessment, evaluation, and analysis activities

Read Our Newsletter

Keep up to date with the *Catalyst*. Learn about important developments in AOD prevention in higher education. To receive free copies, ask to be put on our mailing list.

Get in Touch

Additional information can be obtained by contacting:

The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060

Web site: http://www.edc.org/hec/
Phone: 800-676-1730
E-mail: HigherEdCtr@edc.org

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